

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sze et al. Attorney Docket No: UNIV0162
Serial No: 10/729,364 Group Art Unit: 3715
Filed: December 5, 2003 Examiner: Utama, Robert J.
Confirmation No: 8253
Title: ULTRASOUND SIMULATOR FOR CRANIOSYNOSTOSIS SCREENING

FOR ELECTRONIC FILING

AMENDMENT TRANSMITTAL LETTER &
REQUEST FOR EXTENSION OF TIME

Bellevue, Washington 98004

December 3, 2009

TO THE COMMISSIONER FOR PATENTS:

A. Amendment Transmittal

Transmitted herewith is an amendment in the above-identified patent application.

- X 1. No additional claim fee is required, as shown below.
___ 2. The claim fee has been calculated, as shown below.
X 3. Fees, as calculated below, in the amount of \$245, will be charged to a credit card during electronic submission.

B. Request for Constructive Petition for Extension of Time

It is requested that any concurrent or future reply submitted in the present application requiring a petition for an extension of time under 37 CFR 1.136(a)(3) for timely submission be treated as incorporating a petition for extension of time for the appropriate length of time. It is also requested that any additional required fees under § 1.17, including all required extension of time fees, be charged to Deposit Account No. 01-1940, thereby constructively petitioning for any necessary extension of time to maintain the present application in a pending state.

Computation of Fee For Claims as Amended					
	Claims Remaining after Amendment	Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	25	51	-0-	x \$26	\$-0-
Independent Claims	6	8	-0-	x \$110	-0-
EXTENSION OF TIME FEE					\$ 245
TOTAL ADDITIONAL FEE FOR THIS RESPONSE					\$ <u>245</u>

C. Request for Extension of Time

Applicant respectfully requests that the shortened statutory period for response to the Office Action dated July 20, 2009, set to expire on October 20, 2009, be extended by two (2) month(s) to expire on December 20, 2009. Payment of the small entity fee of \$245 is provided by credit card as noted above.

D. Additional Fee Charges or Credit for Overpayment

Please charge any additional fees or credit any overpayment to Deposit Account No. 01-1940.

Respectfully submitted,

/mike king/
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